0	PI

50

50

5

4

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

82

96

1.57

1.36

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

	<u> </u>	Hele	na, M	T 59620-25	01		School Bus 1	Fransportation	County
DUE DATES:		February 1 February 1	to Cou 5 to Sta	ate Superint	endent		May 24 t	Second Semeste o County Superin o State Superinte	ntendent ndent
COMPL	ETE TH	IS CLAIM FO	R STA	ATE REIME	BURSEMEN	T FOR SCH	IOOL BUS TRA	NSPORTATION	:
This clain	n is for the	period beginning	!		,	20 and e	nding		20
	month day						m		ay
CERTIF	ICATIO	N:							
The infor	mation on	this form is comp	lete and	accurate to the	e best of my kn	owledge.			
Date	Date Signature, Chair, Board of Trustees								
County:	ty: District:							District L	evel:
48 Stilly	Stillwater 0846 Park City Elem							Eleme	ntary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	5	1		27	1.36	66	07/21/05		

71

66

07/21/05

07/21/05

0	PI

Percentage

50

50

50

#

5

5

5

#

1

4

5

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501

Per Day

27

82

96

Per Mile

1.36

1.57

1.36

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

Social Security #

		- Hele	ena, ivi	1 59620-25	01				•		
DUE DATES:		February 1 February 1	to Cou					May 10 to May 24 to	Count	-	ntendent
COMPLI	ETE THI	S CLAIM FO	OR STA	TE REIMI	BURSEMEN	T FO	R SCHO	OL BUS TRAI	NSPOR	TATION	√:
This clain	n is for the	period beginning		month	, day	20	_ and endin	ngm	onth		, 20 day
CERTIF	ICATION	N:									
The infor	mation on t	this form is comp	lete and	accurate to th	e best of my kn	owledg	ge.				
Date			Signatu	re, Chair, Board	d of Trustees						
County:			District	:						District L	evel:
48 Stillw	ater		0847	Park Cit	y H S					High S	School
	District	Route		Miles	Rate				I	Days	Bus Driver's

Capacity

66

71

66

Inspection

07/21/05

07/21/05

07/21/05

Operated

0	PI

65

65

65

65

6

6

6

6

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

69.2

60.3

74.2

39.6

1.80

1.57

1.36

1.57

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Helena	, MT 59620-25	01		ochool Bus 1	Tansportation	
DUE DATES:		Fir February 1 to 0 February 15 to	٠ -			•	Second Semeste o County Superin o State Superinte	ntendent
COMPL	ETE TH	IS CLAIM FOR	STATE REIMI	BURSEMEN	T FOR SCH	OOL BUS TRAI	NSPORTATION	:
This clain	m is for the	period beginning	month	, day	20 and en	0		. 20 lay
CERTIF	ICATIO	N:						
The info	rmation on	this form is complete	and accurate to th	e best of my kn	owledge.			
Date		Sig	nature, Chair, Boar	d of Trustees				
County:		Dis	strict:				District L	evel:
48 Stilly	vater	08	348 Columbi	us Elem			Eleme	ntary
Percentage	District #	Route #	Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
65	6	1 Flaherty	64.8	1.36	66	07/19/05		

84

72

66 76 07/19/05

07/19/05

07/19/05

07/19/05

TR-6 (1/05) Page 1

3 Shane

4 Park City

5 Whitebird

6 Countryman Cr

PI	

School District Claim for State Reimbursement for **School Bus Transportation**

State	
District	
County	

DUE
DATES

First Semester Second Semester February 1 to County Superintendent May 10 to County Superintendent February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 48 Stillwater 0849 Columbus H S **High School** District Route Miles Rate Days **Bus Driver's** Per Mile Operated Social Security # Percentage Per Day Capacity Inspection 35 6 1 Flaherty 64.8 1.36 07/19/05 66 35 6 2 Rapelje 90.6 0.95 48 07/19/05 6 3 Shane 69.2 84 07/19/05 35 1.80 35 6 4 Park City 60.3 1.57 72 07/19/05 5 Whitebird 35 6 74.2 1.36 66 07/19/05 35 6 6 Countryman Cr 39.6 1.57 76 07/19/05

0	PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE DATES:	February 1 to Co					Second Semester May 10 to County Superintender May 24 to State Superintendent		
COMPLE	TE THIS CLAIM FOR ST	ATE REIM	BURSEME	NT FO	R SCHOOL	BUS TRANSPORT	ATION:	
This claim	is for the period beginning			_, 20	_ and ending _		, 20	_•
		month	day			month	day	

This claim is for the period beginning					,	20 and e	ending		, 20
				month	day			month	day
CERTIF	CERTIFICATION:								
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.			
Date			Signatu	re, Chair, Board	d of Trustees				
County: District:							D	istrict Level:	
48 Stilly	vater		0850	Reed Poi	nt Elem			\mathbf{E}	lementary
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operat	
60	9-9	1A		97.6	0.95	48	07/25/05		
60	9-9	2A		35.6	0.95	36	07/25/05		

48 Stillwater

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

0851 Reed Point H S

School District Claim for
State Reimbursement for
School Bus Transportation

High School

State	
District	
County	

		, 000=0 =							
DUE DATES:	February 1	First Semester to County Super 5 to State Superi			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:									
This claim	is for the period beginning	g		_, 20	and ending		, 20	_•	
		month	day			month	day		
CERTIFI	CATION:								
The inform	nation on this form is comp	olete and accurate to	the best of my l	knowledge.					
Date		Signature, Chair, Bo	ard of Trustees						
County:	_	District:					District Level:		

Route Rate District Miles Days **Bus Driver's** Operated Percentage # # Per Day Per Mile Capacity Inspection Social Security # 1A 40 9-9 07/25/05 97.6 0.95 48 40 9-9 2A 35.6 0.95 36 07/25/05

0	PI

100

13

1

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Holona, MT 59620-2501

52

0.95

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

		Hele	ena, MT	59620-25		School Bus Transportation					
DUE DATES:		February 1 February 1		nty Superin			Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLI	ETE TH	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR SCH	OOL BUS TRA	NSPORTA	ATION:		
This clain	n is for the	period beginning	g		,	20 and er	iding		, 20	_•	
			n	nonth	day		m	onth	day		
CERTIF	ICATIO:	N:									
The infor	mation on	this form is comp	olete and a	accurate to the	e best of my kn	owledge.					
Date			Signatur	e, Chair, Board	d of Trustees						
County:			District:					Г	District Level:		
48 Stillwater 0853 Fishtail Elem						_	_	E	Elementary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Day Opera		Bus Driver's Social Security #	

48

08/21/05

OPI	0	P	
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School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:	residary 1 to County Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent R SCHOOL BUS TRANSPORTATION:			
This clain	n is for the	period beginning	I		,	20	and endi	ng		_, 20
			r	nonth	day			1	month	day
CERTIFI	[CATIO]	N:								
The infor	mation on	this form is comp	lete and	accurate to th	e best of my kn	owledge.				
Date Signature, Chair, Board of Trustees										
County:			District:						District 1	Level:
48 Stillwater 0858 Rapelje Elem							Eleme	entary		
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capa	city	Inspection	Days Operated	Bus Driver's Social Security #
54	32	1		140.4	0.95	49)	07/25/05		
54	32	2		84.4	0.95	36	;	07/25/05		
54	32	3		128	0.95	41		08/01/05		

0	PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:	repruary 1 to County Superintendent							May 24 1	Second Semeste to County Superir to State Superinte	ntendent ndent
COMPL	ETE THI	IS CLAIM FO	OR STA	TE REIME	BURSEMEN	T FOR S	SCHOOL	L BUS TRA	NSPORTATION	•
This clain	n is for the	period beginning	<u> </u>		,	20 ar	nd ending		,	20
			n	nonth	day			n	nonth d	ay
CERTIF	ICATIO	N:								
The infor	mation on	this form is comp	lete and a	accurate to the	e best of my kn	owledge.				
Date Signature, Chair, Board of Trustees										
County:			District:						District Le	evel:
48 Stillwater 0859 Rapelje H S								High S	chool	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capaci	ty	Inspection	Days Operated	Bus Driver's Social Security #
46	32	1		140.4	0.95	49		07/25/05		
46	32	2		84.4	0.95	36		07/25/05		
46	32	3		128	0.95	41		08/01/05		
			•							

0	PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent		
COMPLI	ETE TH	IS CLAIM FO	R STA	TE REIME	URSEMEN	T FOR SCI	HOOL BUS TI	RANSPORTATION	\ :
This clain	n is for the	period beginning	I		,	20 and e	nding		, 20
			r	nonth	day			month	day
CERTIF	[CATIO]	N:							
The infor	mation on	this form is comp	lete and a	accurate to the	e best of my kn	owledge.			
Date	Signature, Chair, Board of Trustees								
County:			District:					District I	evel:
48 Stillw	Stillwater 0861 Absarokee Elem						Eleme	entary	
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capacity	Inspection	Days Operated	Bus Driver's Social Security #
50	52-C	1		118	1.57	71	07/27/05		
50	52-C	2		95	1.57	71	07/26/05		
50	52-C	3		100	1.57	71	07/26/05		

0	PI

School District Claim for State Reimbursement for School Bus Transportation

State	
District	
County	

DUE
DATES

			-								
DUE DATES:	First Semester February 1 to County Superintendent February 15 to State Superintendent						Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR SCHOOL BUS TRANSPORTATION:											
This claim is for the period beginning										20	
				nonth	day				onth da		
CERTIF	CERTIFICATION:										
The information on this form is complete and accurate to the best of my knowledge.											
Date	Signature, Chair, Board of Trustees										
County: District:						District Level:					
48 Stillwater				0862 Absarokee H S				High School			
Percentage	District #	Route #		Miles Per Day	Rate Per Mile	Capac	city	Inspection	Days Operated	Bus Driver's Social Security #	
50	52	1		118	1.57	71		07/27/05			
50	52	2		95	1.57	71		07/26/05			
50	52	3		100	1.57	71		07/26/05			
	1										